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D. M. McCurning
Iowa State University

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The Practice of Veterinary Medicine: People Business

by D. M. McCurnin, D.V.M.*

The practice of veterinary medicine is basically the ability to satisfy the needs of our clients. Without a doubt we must provide the highest quality of medical care and service but HOW we go about providing those services is just as important.

Most of our clients request our services under troubled conditions. They really don't want to use our services but may lose a pet or have a financial loss if they don't. Most people use their veterinarian with about the same amount of enthusiasm as we have for our dentist. We are grateful for the service but don't really enjoy the experience.

Private practice today means dealing with well-educated clients in a very competitive environment. We are used to instant service when we eat out, shop and bank. These same people expect the same type of service when they visit a veterinary office, clinic or hospital.

Think of how you would feel if you called a dental office for an appointment and you were quickly placed on "hold" for three or four minutes. When the receptionist came back on the line you probably would be just a little "ticked off" that she made you wait. Why do we feel this way? Because we are all used to instant service. We all want to feel that our business and our problems should be important to the person we are dealing with.

Our clients don't need us as much as we need them. As more and more veterinarians enter practice, the competition becomes stiffer and stiffer. If the client does not obtain the type of service he wants from one veterinarian he simply seeks the advice of another. How does the client choose a good

veterinarian over a marginal one? I can answer that question with another question. How do you go about choosing a good physician? You probably ask someone for a recommendation.

Our practice is built with referrals from our own clients. Our clients refer other people to us because they like the service we have given them. Most of our service to the client has been through effective communication about what we can or cannot do. It is not usually what we can or cannot do but how we have presented it to the client. We then must be effective communicators with our clients at all times.

Clients communication is the most important part of the "art of practice". If we don't obtain approval of the client through communication we will not be permitted to practice our scientific skills. Client satisfaction is then the end result of an effective professional relationship.

Your attitude about yourself and your life is probably the single most important factor in a successful practice. If you basically like yourself and what you are doing, the enthusiasm spills over into everyone you deal with (clients and employees). If you are unhappy with yourself or your life this too will be reflected in how effectively you deal with people and their problems.

Your daily goal should be to serve your clients as you would like to be served. Make them feel important and feel that their problems are interesting and challenging even though you may be having a bad day. Don't ever let a client leave your office unsatisfied. Make every effort to correct any misunderstanding. You can never win an argument with a client even if you are right. A dissatisfied client will tell ten other people

*Doctor McCurnin is an Associate Professor of Veterinary Clinical Sciences and Assistant Dean, College of Veterinary Medicine, Iowa State University.

how unhappy he is about you and your practice.

The goal of a successful practice should be to have satisfied clients even if the treatment

fails. If you serve your clients as you would like to be served, attempt to keep medically current and charge fair fees, your practice and your life will thrive.

Practice and Institutional Exchanges within the Residency Training Program

by D. M. McCurnin, D.V.M.*

All residency programs have a common end goal; that of a competently trained specialist. The general public is demanding a much more sophisticated level of veterinary practice than ever before. As the need for more highly skilled general practitioners has increased, so has the need for specialty trained practitioners.

The responsibility for training the specialist has fallen upon the university teaching hospitals, private institutional hospitals (i.e. the Animal Medical Center) and private practice hospitals. Because each training institution has a different practice mission, the final end product has had a different educational experience. The common goal of all programs is achieving a balance between didactic and practical training.

Most university programs in the past have been weighted on the didactic side of the scale. The basic science training in surgical anatomy, physiology, pathology, surgical principles, surgical techniques, etc., has been excellent. The exposure to client education, client relations, numbers of routine clinical surgery, etc. has fallen short. This in part may be attributed to the university system of many hands on each case (seniors, interns, residents, staff members).

The rationale for the university program has been that if the trainee has been well trained in the basics then he/she will continue to develop clinical skills following training. The areas of deficiency have been in client and practice management, routine

emergency treatment of acute trauma cases and number of cases handled.

The private practice hospital training programs have begun to appear now that more Diplomates have entered private practice. The area of most concern in this program is the basic science training especially pathology, anatomy and supporting classroom work. The exposure to numbers of clinical cases, client and practice management and emergency treatment of acute trauma cases is excellent. This then makes the private practice hospital program weighted on the practical side and light on the didactic.

The private practice of veterinary surgery must be carried out with a monetary profit to support the overall clinical program. This puts the veterinary surgeon in the role of diagnostician, prognosticator and financial estimator for the client before he becomes an attending surgeon. Only after the client has given authorization, may the surgeon carry out his surgical skills.

How then, can the resident become fully academically qualified, yet possess the necessary practical background to enter private practice? The answer, in part, may be through practice-institutional exchange programs. The resident could benefit by being exposed to both worlds and the staff at both the private practice and teaching institution would also benefit from the exposure to the resident via educational osmosis.

An educational exchange has been used to mutual benefit between a private practice surgeon and a teaching hospital surgeon.¹ During the author's resident training at a

*Doctor McCurnin is an Associate Professor of Veterinary Clinical Sciences and Assistant Dean, College of Veterinary Medicine, Iowa State University.